



**BOARD of
HEALTHCARE
FUNDERS
of SOUTHERN AFRICA**
(Association Incorporated
under Section 21
Registration number
2001/003387/08)

37 Bath Avenue
Rosebank 2196
PO Box 2324
Parklands 2121
Johannesburg
South Africa

Tel: +27 11 537-0200
Fax: +27 11 880-5959 / 086 607 3703
e.mail: clientservices@bhfglobal.com
Client Services: 0861 30 20 10
www.bhfglobal.com

Banking Details Verification Form

To: BHF Client Services

I/ We declare that the details on this Banking Verification Form are correct and may be used by the medical schemes and their administrators for reimbursement of claims.

I/ We authorise medical schemes and their administrators to pay any amounts which accrue to me / us to the credit of my / our account into the below mentioned bank account.

Service Providers are requested to complete and submit this form via registered mail to:
BHF Client Services, PO Box 2324, Parklands, 2121.

Please ensure that the form is endorsed by the relevant bank by obtaining a bank stamp on the bottom left corner.

| | | | | | | | | | | | |
|---|-----------|------------------------------|--------------|--|--|-----------------------------------|--|--|--|--|--|
| Solis Practice No | | | | | | | | | | | |
| Practice Name | | | | | | | | | | | |
| Name of Bank | | | | | | | | | | | |
| Name of Branch | | | | | | | | | | | |
| Account Name | | | | | | | | | | | |
| Branch Code | | | | | | | | | | | |
| Account Number | | | | | | | | | | | |
| Type of Account | Current | Savings | Transmission | | | | | | | | |
| New Account | Yes | No | | | | | | | | | |
| If yes, state date on which account became effective (dd/mm/yyyy) | | | | | | | | | | | |
| | | | | | | | | | | | |
| Provider's Initials & Surname | | | | | | Authorised Signature | | | | | |
| Bank account particulars certified as correct | | Name of Bank Official | | | | Signature Of Bank Official | | | | | |
| YES | NO | | | | | | | | | | |
| BANK STAMP | | | | | | | | | | | |